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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/259,008 12/29/2000 *tl*
 and claims benefit of 60/259,115 12/29/2000 *tl*
 and claims benefit of 60/259,022 12/29/2000 *tl*
 and claims benefit of 60/259,116 12/29/2000 *tl*

** FOREIGN APPLICATIONS ***** *tl*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 12/28/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MN	SHEETS DRAWING 8	TOTAL CLAIMS 28 38	INDEPENDENT CLAIMS 7 4
Verified and Acknowledged	Examiner's Signature <i>tl</i> Initials <i>tl</i>				

ADDRESS

27581
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TITLE

Non-conformance monitoring and control techniques for an implantable medical device

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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